



Special Star Team Member Program

Policies and Procedures

**North Carolina Department of Labor
Cherie K. Berry
Commissioner of Labor**



Revised February 2018

TABLE OF CONTENTS

| | |
|------------|---|
| 1.0 | Special Star Team Members (SSTMs) Managed by NCDOL OSH |
| 1.1 | Executive Summary |
| 1.2 | Purpose |
| 1.3 | Overview |
| 2.0 | Definitions |
| 3.0 | Introduction |
| 3.1 | Purpose |
| 3.2 | Scope |
| 3.3 | References |
| 3.4 | General Procedures |
| 4.0 | SSTM Qualifications |
| 4.1 | Qualifications for SSTMs |
| 4.2 | Ineligible Applicants |
| 4.3 | SSTM Qualification Form (Section I and II) |
| 4.4 | Employment History (Section III) |
| 4.5 | SSTM Registration Form |
| 5.0 | SSTM Training and Duties |
| 5.1 | Training |
| 5.2 | Duties |
| 6.0 | SSTM Utilization and Reporting |
| 6.1 | Selecting an SSTM |
| 6.2 | Composition of SSTM Review Team |
| 6.3 | Utilization of SSTMs |
| 7.0 | Registration Processing and Program Administration |
| 7.1 | Registration Processing |
| 7.2 | Recognition Program Manager |
| 8.0 | Star Report and Worksheet |
| 8.1 | Star Worksite Report Format |
| 8.2 | Instructions for Evaluation Worksheet |
| 9.0 | Program Monitoring and Evaluation |
| 9.1 | Complaints Against SSTMs |
| 9.2 | Cancellation and/or Suspension of SSTM Certification |
| 9.3 | Customer Satisfaction Surveys |

Appendices

| | |
|-------------------|--|
| Appendix A | SSTM Qualifications |
| Appendix B | SSTM Code of Conduct |
| Appendix C | Waivers of Financial Interest and Liability |
| | C.1 Conflict Disclosure Form |
| | C.2 Release and Waiver of Liability Agreement |

Special Star Team Member Program Policies and Procedures

1.0 North Carolina Department of Labor Special Star Team Members (SSTMs) Managed by NCDOL OSH

1.1 Executive Summary

SSTMs are to be engaged in order to leverage the North Carolina Department of Labor Division of Occupational Safety and Health's (NCDOL OSH) limited resources by utilizing qualified Star worksite employees and independent private sector safety and health professionals during Star onsite evaluations.

This section will address the policies and procedures for SSTM activities and provides the overall policy framework for SSTMs. Also, included in this section are the requirements to register as an SSTM, the training to be received, how an SSTM participates in activities of the Star Programs, and clarification of terms of service for SSTMs.

NOTE: SSTMs will be able to perform as Star team members at worksites that are applying for Star participation or preparing for the recertification process. SSTMs can only provide input and recommendations as it pertains to the Star team's decision to recommend a Star worksite for participation in the program. Only the NCDOL OSH Commissioner of Labor and Deputy Commissioner/Director have the authority to make final approval and removal of worksites from the NCDOL OSH programmed inspection list.

1.2 Purpose

This instruction describes and implements the policies and procedures governing the administration and operation of the NCDOL OSH SSTM activity conducted under the analysis and support of the NCDOL OSH Bureau of Education, Training and Technical Assistance's Recognition Program Manager.

1.3 Overview

To ensure the quality of the onsite evaluations, the SSTMs will work under the direction of a trained NCDOL OSH Star Consultant (Team Leader). All applicants who meet the eligibility requirements as described in Section 4.0 of this document, and who complete the training and testing requirements will be classified as qualified SSTMs.

Applicants must complete and submit a training registration form and application documents to participate as an SSTM. These documents will be processed annually, and must be received by the Bureau of Education, Training and Technical Assistance no later than the deadline provided. *If the deadline falls on a weekend or a holiday, applications are due on the first business day following the deadline. Late applications are held until the next submission deadline.* All SSTM applicants must attend approval training and pass a written exam. The Recognition Program Manager will notify applicants regarding the status of their application and the date(s) and location(s) of training. The Recognition Program Manager must approve the SSTM application before the applicant may be approved to attend training. The Recognition Program Manager will send a letter to notify those applicants that did not meet the SSTM qualifications.

All NCDOL OSH SSTMs will be appointed to a three-year term of service. In order to continue participation, SSTMs must re-certify at the end of their initial 3-year term of service by attending a one-day training class. Thereafter, the SSTM must keep current the requirements and qualifications for continued participation. Notification of recertification requirements and training class date(s) will be sent to the SSTMs by the Bureau of Education, Training and Technical Assistance 45 days prior to the expiration of their service. To continue participation a SSTMs must:

1. Maintain minimum requirements and qualifications (Appendix A); and
2. Update and submit notarized Conflict Disclosure and Waiver Liability Forms annually (Appendices C.1 and C.2).

NOTE: SSTMs are encouraged to participate in at least one Star evaluation during a three-year period.

2.0 Definitions

New SSTM: An individual who has completed the certification class, but has not yet been provided an opportunity to participate on a Star evaluation.

NCDOL OSH: Refers to the North Carolina Department of Labor, Occupational Safety and Health Division and its related staff members.

NCDOL OSH Carolina Star/Star Program: The Carolina Star ("Star") Program consists of four programs: Carolina Star, Rising Star, Public Sector Star, and Building Star. The Star Program recognizes excellence in site-specific occupational safety and health management systems

NCDOL OSH Recognition Program Manager: This position is responsible for managing, planning, and directing the daily operations of the Star Program throughout the entire State of North Carolina. The primary purpose of the Recognition Program Manager position is to continuously manage, monitor, and evaluate all of the goals and objectives set forth for the Star Program. The Recognition Program Manager shall be available to lead and support the Star Program staff in providing assistance to Star participants, as needed, to assure interaction with NCDOL OSH and to provide expertise. The position must coordinate with Federal OSHA in the administration of their Voluntary Protection Programs, while coordinating activities in the State of North Carolina with the appropriate Federal Area Director.

NCDOL OSH Star Consultant (Team Leader): NCDOL OSH Star Program staff member who is responsible for providing quality occupational safety and health services to customers in an efficient, effective, and professional manner, and assisting the Recognition Program Manager. A Star Consultant will serve as the team leader for an evaluation or assist as a team member.

NCDOL OSH Star Worksite Participant: Permanent, full-time employees of NCDOL OSH Star worksites.

Recertifying SSTM: SSTMs must re-apply and attend a re-approval training course for SSTM's at the end of their first three-year term of service in order to continue participation.

Registration Deadline: The deadline by which the SSTM registration form and application documents must be received in the Bureau of Education, Training and Technical Assistance Recognition Program office for processing and/or applicant participation.

Renewing SSTM: An individual who is presently serving as an SSTM and submits the necessary conflict of interest and waiver of liability documentation on an annual basis.

Safety and Health Professional (Non-NCDOL OSH Star Worksite Participants): An individual employed in a position in which more than 50% of daily duties are dedicated to conducting or managing worksite or corporate safety or health activities.

SSTM (Special Star Team Member): A permanent, full-time employee of a Star worksite participating in NCDOL OSH's Carolina Star Program (not an employee of a contractor or nested contractor) or private sector safety and health professional who meets the participation requirements of established by NCDOL OSH, and acts in the capacity of a state government volunteer while assisting the NCDOL OSH's Education, Training and Technical Assistance Recognition Program staff in conducting Carolina Star Program onsite evaluations.

SSTM Registration Forms: The forms that must be submitted to the Bureau of Education, Training and Technical Assistance Recognition Program office in order to apply for participation as an SSTM. This includes registration for a specific training course as well as the application documents.

SSTM Training: The prerequisite training course for participation as an NCDOL OSH SSTM.

Term of Service: Three years is the length of time that an SSTM may serve before they must re-apply to continue participation. After the first three-year recertification training, the SSTM will not have to attend another recertification training unless they no longer meet the qualifications or do not actively participate as a SSTM as opportunities are provided.

3.0 Introduction

3.1 Purpose

This instruction describes and implements the policies and procedures governing the administration and operation for NCDOL OSH's SSTM activities.

3.2 Scope

Participation in this program applies to any person experienced in applying NCDOL OSH regulations, experienced in a leadership position(s) in the NCDOL OSH Star Program worksite or corporation, and sound interpersonal and communicative skills. In addition, SSTMs may be safety and health professionals, hourly employees or individuals who have several years of experience implementing effective safety and health systems. Finally, applicants must have the physical ability to perform team member duties and obtain management or corporate support for participation as an SSTM.

3.3 References

NCDOL OSH Star Program Policies and Procedures Manual.

3.4 General Procedures

Application Requirements: Applicants must complete and submit an SSTM registration form to participate as an SSTM. SSTMs must recertify at the end of their initial three-year term of service in order to continue participation.

Registration Deadline: Registration forms will be processed annually and must be received by the Bureau of Education, Training and Technical Assistance Recognition Program Manager no later than February 1 of each year. If the deadline falls on a weekend or a holiday, applications are due on the first business day following the deadline. Late registration forms are held until the next submission deadline.

Training Frequencies: SSTM training is conducted twice each year. If there are fewer than 10 initial trainees, training may be postponed until the next scheduled training period. A total number of trainees in any one session may not exceed 20 unless approved by the Recognition Program Manager. If more than 40 applicants request training within one year, the applicants must be accommodated on a first-come, first-served basis.

Training Requirement: NCDOL OSH's Recognition Program Manager must approve the SSTM registration and application requirements before an applicant may be approved to attend training and will notify successful applicants regarding the date and location of training. All new applicants must attend training and pass an NCDOL OSH-administered exam to be certified as an SSTM.

Term of Service: The term of service for new SSTMs begins the date that the SSTM certificate is approved. Continued eligibility is contingent upon submission of annual renewal documentation, proper conduct of SSTMs, and their participation on Star evaluations.

SSTM Eligibility: Approved and trained SSTMs that pass a written exam and submit the necessary legal paperwork are eligible to conduct Star onsite evaluations from the date that their certification is approved until the end of their term of service.

4.0 SSTM Qualifications

4.1 Qualifications for All SSTMs

1. All SSTMs must have the following qualifications:
 - a. Experience applying OSHA regulations
 - b. Strong interpersonal skills
 - c. Sound reading and writing skills
 - d. Physical ability to perform team member's duties
 - e. Management or corporate support for participating as an SSTM

4.2 Qualifications for NCDOL OSH SSTM Applicants.

SSTMs employed at OSH Star worksites need not be safety and health professionals. They may be hourly employees or individuals who have several years of experience implementing effective safety and health systems. Besides meeting the qualifications above, these applicants must also have the following qualifications:

1. Be a current employee of a Star Program worksite.
2. Have experience in at least three of the following activities (or their equivalents):
 - a. Chairing a worksite safety/health committee
 - b. Working directly with the NCDOL OSH's Star onsite review team during the previous onsite review
 - c. Training others in safety and health procedures
 - d. Writing and reviewing hazard analyses information (e.g., JSAs, TSA, JHA, etc.)
 - e. Coordinating accident investigations
 - f. Coordinating proactive safety and health activities such as wellness events
 - g. Leading worksite hazard inspection teams
 - h. Coordinating hazard abatement activities
 - i. Other experience that demonstrates knowledge of safety and health management systems.

4.3 Qualifications for Safety and Health Professionals.

Safety and health professionals must have these additional qualifications:

1. Have two or more years of experience in the safety and health field.
2. Be employed in a position in which more than 50% of daily duties are dedicated to conducting or managing worksite or corporate safety or health activities.
3. Be a current employee of a Star Program worksite, a current corporate office employee of a corporation that has one or more Star Program/VPP worksites, or
4. Former employee of a Star Program worksite who is currently employed at a non-Star Program worksite within the same corporation.

4.4 Ineligible Participants:

Applicants whose employment or financial involvements may present a conflict of interest or the appearance of impropriety.

5.0 SSTM Training and Duties

5.1 Training:

1. **Notification:** The Recognition Program Manager must send applicants written notification (via e-mail) of SSTM certification training and location prior to the registration deadline.
2. **Frequency:** SSTM training will be conducted annually or more frequently, as needed. The total number of trainees in any one session should not exceed 20.

3. **Responsibilities:** The Recognition Program Manager has the primary responsibility for conducting this training.
4. **Content:** The Recognition Program Manager will determine training content.

5.2 SSTM Duties:

SSTM assignments may include, but are not limited to, the following activities:

1. Reviewing company documents that describe or verify the worksite's safety and health management system.
2. Conducting a walk-through of the worksite to ensure the worksite's safety and health management system is operating effectively.
3. Interviewing employees of the company and contractors to determine their level of involvement in and perceptions of the worksite's safety and health management system.
4. Assisting in the preparation of a report that evaluates the worksite's safety and health management system with respect to Star Program criteria.
5. The SSTM team member will provide feedback and input in the Star certification process.

6.0 SSTM Engagement

6.1 Selecting an SSTM:

1. Only certified SSTMs approved by NCDOL OSH may participate on the Star evaluation team.
2. SSTMs will be selected for participation according to their safety and health experience, background, and involvement with a Star Program worksite.

6.2 Composition of Star Evaluation Team:

1. A Star evaluation team will be led by one NCDOL OSH Star Consultant. The SSTM composition of a Star on-site evaluation team will be determined by the Star Consultant. An unlimited number of SSTMs can serve on a Star evaluation team as approved by the Recognition Program Manager.
2. The SSTM team must possess the qualifications and abilities necessary to thoroughly and effectively evaluate safety and occupational health aspects of systems, processes, and operations at that worksite. The type and complexity of hazards, equipment, and operation will be considered to assure that the team members possess the needed expertise to conduct the assessment.

6.3 Utilization of SSTMs:

1. The Recognition Program Manager will maintain the list of certified SSTMs.

2. Applicants/Star Participants will be contacted and informed of the intention to utilize SSTM team member to evaluate the worksite. Note: Worksites are not required to allow SSTMs to perform evaluation at their worksite. However, refusing the use of SSTMs may significantly delay the initial approval or recertification process.
3. Selection of SSTMs will be based upon the evaluation needs such as type of company and processes/potential hazards involved, background and area of expertise of SSTM, location of SSTM in proximity to the worksite being evaluated, and number of evaluations performed within the current year by the SSTM.

7.0 Program Administration

7.1 Registration Processing:

1. **Registration of SSTMs:** Recognition Program Manager will administer the SSTM Program and will be responsible for sending registration and application documents to SSTMs who are selected for certification training.
2. **Receipt of Registration:** The Recognition Program Manager is responsible for tracking and managing each SSTM registration form from the time it is received until the SSTM has completed training.
 - a. **Evaluation of the Registration:** The registration form and application must contain the following completed information:
 - 1) Registration for SSTM Qualification Form
 - 2) Work Experience and/or résumé
 - 3) Additional legal documentation
 - b. **The Recognition Program Manager must verify the work experience of the applicant and résumé as related to position-specific safety and health experience:** If the résumé does not include position-specific information, the Recognition Program Manager will contact the applicant and request that they send information that satisfies this requirement.
 - c. **Required Signatures:** The SSTM must sign and date the registration and application forms.
3. **Notification of Registration Form Receipt and Processing:** After the registration form submission packages are received and accepted, the Recognition Program Manager will notify all applicants by e-mail with the location and dates of training.
4. **Preparing SSTM Certificates:** The Recognition Program Manager will provide SSTM certificates to participants who have completed training and submitted all necessary legal paperwork.

7.2 Recognition Program Manager:

SSTM Data Management: The Recognition Program Manager will maintain a list of certified SSTMs.

8.0 Star Worksite Report and Worksheet

8.1 Star Worksite Report Format:

The **Star Worksite Report** is a summary of the findings and recommendations from the Star onsite evaluation, which is prepared by an NCDOL OSH Star Consultant and reviewed by the NCDOL OSH Recognition Program Manager. The Star Worksite Report is presented in a narrative format and contains a summary of the overall evaluation findings, documentation of the worksite's injury and illness experience, and the evaluation team's recommendation for participation into the program.

8.2 Overview of the NCDOL Star Program Safety and Health Evaluation Worksheet

The ***NCDOL Star Program Safety and Health Evaluation Worksheet*** (reference the current *NCDOL OSH Star Program Policies and Procedures Manual*) is a worksheet to be used by the evaluation team to document and score (0 to 3) their findings. The purpose of the worksheet is to provide the technical basis and rationale that support an evaluation team's findings and the resulting Star Program participation recommendation.

1. The worksheet is designed in a modular format, allowing the evaluation team to break up the document into separate sections to facilitate the onsite evaluation and reporting of findings. Key topic areas contain several subsections of questions that address various aspects of the general topic. Each section is clearly identified and given a letter and a number to allow for easy reference by the on-worksite evaluators. For example, the Star Program Safety and Health Evaluation Worksheet consists of the following sections:

- Section A – Written Safety and Health Program
- Section B - Star Program Participation Requirements
- Section C - Safety Incentive/Reward Program and Activities
- Section D – Management Commitment and Leadership
- Section E – Planning and Evaluation
- Section F – Administration and Supervision
- Section G – Safety and Health Training
- Section H – Hazard Identification and Evaluation/Hazard Prevention and Control
- Section I – Employee Involvement and Participation
- Section J – Contract Workers and/or Temporary Employees
- Section K – Building Star Evaluations
- Section L – Process Safety Management

Team members should use the same format and structure when addressing the items in each of the sections. Please remember:

2. The team is required to complete **all** applicable items.
3. Questions scoring "0" or "1" will require team members to support their responses or explain why they believe that worksite performance in a particular area is deficient or inadequate. It is important that evaluators respond to the entire item.
4. Although team members are not required to provide comments for items scoring "2" or "3" evaluators may wish to do so in order to highlight best business practices or document a unique or meaningful application that might benefit another worksite.

9.0 Program Monitoring and Evaluation

9.1 Complaints Against SSTMs:

SSTMs must perform worksite evaluations with integrity and creditability. Complaints against SSTMs may be submitted in writing to the North Carolina Department of Labor, Bureau of Education, Training and Technical Assistance, located at 1101 Mail Service Center, Raleigh, NC 27699-1101. Address correspondence to the attention of the Recognition Program Manager. Each complaint will be reviewed, investigated, and resolved in a timely manner through a formal documented process. A valid substantiated complaint may result in cancellation of the individual's SSTM certification by the NCDOL OSH Director or Commissioner of Labor.

9.2 Cancellation and/or Suspension of SSTM Certification:

Certification as an SSTM entails the responsibility to continually conform to the requirements of the SSTM certification program, including the Code of Conduct in Appendix B. Failure to do so will result in the cancellation of SSTM certification.

Appendices

Appendix A SSTM Qualifications

Appendix B SSTM Code of Conduct

Appendix C Waivers of Financial Interest and Liability

C.1 Conflict Disclosure Form

C.2 Release and Waiver of Liability Agreement

Appendix A SSTM Qualifications

All SSTM Applicants must meet the following qualifications:

- Experience in applying OSHA regulations.
 - Positive interpersonal skills.
 - Sound reading and writing skills.
 - Physically able to perform team member' duties.
 - Management and/or corporate support for participating in the NCDOL OSH SSTM Program.
-

NCDOL OSH Star Participant Applicants must have the following qualifications:

- A permanent, full-time employee of a NCDOL OSH Star worksite/company.
 - Experience in at least three of the following activities (or their equivalent):
 - ✓ Chair of a safety/health committee.
 - ✓ Working directly with NCDOL OSH Star onsite review team during the most recent onsite review of your respective worksite.
 - ✓ Training others with regard to safety and health programs, policies, procedure, and the meaning of the NCDOL OSH Star Program.
 - ✓ Writing and reviewing JSAs, monitoring and providing feedback with regard to employee safety related behaviors.
 - ✓ Coordinating accident investigations.
 - ✓ Coordinating various safety and health activities and programs to ensure a safe and healthy work environment.
 - ✓ Leading worksite hazard inspection team.
 - ✓ Identifying and recognizing hazards, and developing a plan of action for correction and improvement.
 - ✓ Other experiences that demonstrate knowledge of safety and health management systems.
-

Safety and Health Professionals (Non-NCODL OSH Star Worksite Participants) must meet these additional qualifications:

- Two or more years of experience in performing safety and health inspection and/or audits.
- Must score a '10' on the education and experience portion of the qualification worksheet (Refer to Application).
- Must have 40-hours or more of safety and health training (submit proof of training).
- Must submit documentation of three safety and health audits conducted within last three years.

Appendix B SSTM Code of Conduct

I, _____, pledge to uphold proper safety and health professional principles in the fulfillment of my responsibilities of evaluating worksites in the state of North Carolina.

While promoting a high standard of ethical conduct, I shall:

- ☐ Conduct myself professionally, and in an unbiased manner, with truth, accuracy, fairness, and responsibility.
- ☐ Strive to increase the competence and prestige of the safety and health profession.
- ☐ Assist those in my employ or under my supervision in developing their management and auditing skills specific to their profession.
- ☐ Not represent conflicting or competing interests and shall disclose to any client or employer any relationships that may influence my judgment.
- ☐ Not discuss or disclose any information relating to a worksite evaluation unless authorized in writing by the organization being evaluated.
- ☐ Not intentionally communicate false or misleading information that may compromise the integrity of any evaluation and the Star certification process.
- ☐ Preface any public statements that I may issue by clearly indicating on whose behalf they are made.
- ☐ Not misrepresent my own or any other individual's qualification, competence, or experience, nor undertake auditing work beyond my qualifications.
- ☐ Not serve as a SSTM of a primary competitor of any company, division, or business units by which I am employed or with which I have a consulting arrangement in effect.

I understand that failure to abide by all of the above will result in the suspension and/or cancellation of SSTM certification.

Signature **Date**

Witnessed **Date**

Appendix C Waivers of Financial Interest and Liability

NOTE: The following Appendix C documents are provided to Qualified SSTMs by the Recognition Program Manager each year for annual submission. The documents below are examples.

C.1 - SPECIAL STAR TEAM MEMBER (SSTM) - SAMPLE CONFLICT DISCLOSURE FORM

C.2 - SPECIAL STAR TEAM MEMBER (SSTM) – SAMPLE RELEASE AND WAIVER OF LIABILITY AGREEMENT

**Special Star Team Member (SSTM)
Conflict Disclosure Form**

| | | | |
|-------------------------|----------------|--------|-------------|
| NAME: | | | |
| | First | Middle | Last |
| | | | |
| COMPANY NAME: | | | |
| | | | |
| JOB TITLE: | | | |
| | | | |
| MAILING ADDRESS: | | | |
| | Street Address | | |
| | | | |
| | City | State | Zip Code |
| | | | |
| PHONE NUMBERS: | Home: () - | | Work: () - |
| | Mobile: () - | | |
| | | | |
| EMAIL ADDRESS: | | | |

I. BACKGROUND INFORMATION

1. Please provide the following information concerning your spouse and other members of your immediate family¹. If the information requested does not apply, please indicate "none."

| Name (Last, First) | Occupation | Employer | Business |
|--------------------|------------|----------|----------|
| | | | |
| | | | |
| | | | |
| | | | |

II. INTERESTS IN COMPANIES OR BUSINESS ENTITIES

2. Do you, your spouse, or members of your immediate family own interests in a publicly-owned company valued at \$10,000 or more? ☐ Yes ☐ No If so, please list below.

¹ "Immediate Family" includes your spouse (unless legally separated) and members of your extended family (your and your spouse's children, grandchildren, parents, grandparents, and siblings, and the spouses of each of those persons) that reside in your household.

Appendix C.1

- Do not list ownership interests in a widely held investment fund (including mutual funds, regulated investment companies, or pension or deferred compensation plans) if
- (i) the fund is publicly traded or its assets are widely diversified and (ii) neither you nor an immediate family member are able to control the assets held in the mutual fund, investment company, or pension or deferred compensation plan.
- Do not disclose the value of your interests.

| Owner of Interest | Name of Company |
|-------------------|-----------------|
| | |
| | |
| | |
| | |
| | |
| | |

3(a). Do you, your spouse, or members of your immediate family have financial interests valued at \$10,000 or more in a non-publicly-owned company or business entity (including interests in partnerships, limited partnerships, joint ventures, limited liability companies, limited liability partnerships, and closely held corporations)? ☐ Yes ☐ No If so, please list below.

| Owner of Interest | Name of Company or Business Entity | Specify If the Owner is an Officer, Employee, Owner, Director, or Partner of the Company, or a Member or Manager of a Limited Liability Company |
|-------------------|------------------------------------|---|
| | | |
| | | |
| | | |
| | | |
| | | |

3(b). For each of those non-publicly-owned companies or business entities identified in question 3(a) (the "primary company"), please list the names of *any other companies* in which the primary company owns securities or equity interests valued at over \$10,000, *if known*.

| Non-Publicly-Owned Company (the Primary Company) | Other Companies In Which the Primary Company Owns Securities or Equity Interests |
|--|--|
| | |
| | |
| | |
| | |
| | |

Appendix C.1

III. LIABILITIES

4. Do you, your spouse, or members of your immediate family have a liability (debt) of \$10,000 or more, excluding the indebtedness on your primary personal residence? ☐ Yes ☐ No If yes, please list below.

| Name of Debtor Member | Type of Creditor (You, Spouse, Family Name of Creditor Union, Individual, etc.) | |
|-----------------------|---|--|
| | | |
| | | |
| | | |
| | | |
| | | |

IV. OTHER DISCLOSURES

5. List the name of each source of income of more than \$5,000 received by you, your spouse, or other members of your immediately family during 2015 if that source was not previously listed in response to questions 1-4. Include such sources of income as salary, wages, professional fees, honoraria, interest, dividends, rental income, and business income (not specific amounts). Please do not include income received from the following sources:

- ▶ Capital Gains
- ▶ Military Retirement
- ▶ Federal Government Retirement
- ▶ Social Security Income

| Recipient of Income | Name of Source | Business or Industry | Type of Income |
|---------------------|----------------|----------------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

6. Within the past 5 years, have you, your spouse, or other members of your immediately family, served as a director, officer, governing board member, employee, independent contractor, or registered lobbyist of a company, non-profit corporation, or other organization operating in the State of North Carolina? If so, please provide the following information:

| Identify Person | Position Held | Name of Entity | Nature of Business |
|-----------------|---------------|----------------|--------------------|
| | | | |
| | | | |
| | | | |

Appendix C.1

| | | | |
|--|--|--|--|
| | | | |
| | | | |

7. Are you aware of any other information that *you believe* may assist in determining when a conflict of interest may exist for purposes of your participation in the Special Star Team Member (SSTM) program administered by the N.C. Department of Labor – Occupational Safety and Health Division, Education, Training and Technical Assistance Bureau?

☐ Yes ☐ No

If yes, please provide that information:



OATH OR AFFIRMATION

I hereby swear or affirm, under penalty of perjury and other penalties established by North Carolina law, that I have read this Statement of Economic Interest and any attachments thereto and that the information provided on the Statement and any attachments is true, correct, and complete to the best of my knowledge and belief. I also certify that I have not transferred, and will not transfer, any asset, interest, or property for the purpose of concealing it from disclosure while retaining an equitable interest.

FURTHERMORE, I UNDERSTAND THAT I AM UNDER A CONTINUING OBLIGATION TO REPORT ANY CHANGED CIRCUMSTANCES THAT MAY PRESENT AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST.

Signature of Person Filing

_____ _____
Month Day Year

Sworn to and subscribed before me, this the ____ day of _____, ____.

Notary Public

My Commission Expires:_____

Appendix C.2

Special Star Team Member (SSTM) Release and Waiver of Liability Agreement

| | | | |
|-------------------------|----------------|-------------|----------|
| NAME: | _____ | _____ | _____ |
| | First | Middle | Last |
| COMPANY NAME: | _____ | | |
| MAILING ADDRESS: | _____ | | |
| | Street Address | | |
| | _____ | _____ | _____ |
| | City | State | Zip Code |
| PHONE NUMBER: | () - _____ | () - _____ | |
| | Home | Work | |

1. I, the undersigned, have voluntarily elected to participate in the Special Star Team Member (SSTM) program administered by the N.C. Department of Labor – Occupational Safety and Health Division, Education, Training and Technical Assistance Bureau ("Bureau").
2. I understand that my participation in the SSTM program will require me to, among other things, conduct on-site walkthroughs of industrial facilities to ensure the site's safety and health management system is operating effectively.
3. I understand, comprehend and appreciate the foreseeable, unforeseeable and inherent dangers and risks of harm involved in on-site walkthroughs of industrial facilities, and I understand and comprehend that I agree to assume all such risks and dangers during my visit/trip. I understand and acknowledge that said dangers and risks of harm inherent in on-site walkthroughs of industrial facilities have the potential to result in serious or fatal harm to me.
4. I understand that I am required to wear appropriate personal protective equipment ("PPE") when needed, and that the Bureau is not required to provide such PPE.
5. I understand and agree that the Bureau, its principals, officers, agents and employees, by allowing me to accompany them on on-site walkthroughs of industrial facilities, does not assume any responsibility or liability for my safety whatsoever for the duration of my visit/trip, as noted above, whether alone or in groups.
6. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence, or otherwise, of the N.C. Department of Labor, the Bureau, its principals, officers, agents and employees, during my visit/trip.
7. THE UNDERSIGNED HEREBY RELEASES, DISCHARGES AND HOLDS HARMLESS the N.C. Department of Labor, the Bureau, its principals, officers, agents and employees from and against any and all claims, liability and/or causes of actions for death, wrongful death, personal injury (whether physical, emotional and/or psychiatric or any combination thereof), loss of consortium, property damage and/or breach of contract made by or on behalf of the undersigned, the undersigned's spouse, children and heirs, occasioned by, arising out of or incidental to my visit/trip, WHETHER OR NOT RESULTING FROM OR CAUSED BY NEGLIGENCE by, of and/or on the part of the Bureau, its principles, officers, agents and employees.

Appendix C.2

8. I understand that my participation in the SSTM program is voluntary, and is done without promise, expectation or receipt of compensation for services rendered. Furthermore, I understand that my participation in the SSTM program does not create an employment relationship between the Bureau and myself. As a result, I understand that I am not subject to the Fair Labor Standards Act, and hereby agree to waive any and all claims against the State of North Carolina, the N.C. Department of Labor, and the Bureau for salary, wages, leave accrual or other benefits on account of services performed.
9. THE UNDERSIGNED FURTHER EXPRESSLY AGREES THAT THE FOREGOING RELEASE AND WAIVER IS INTENDED TO BE AS BROAD AND INCLUSIVE AS IS PERMITTED BY LAW AND THAT IF ANY PORTION THEREOF IS HELD INVALID, IT IS AGREED THAT THE BALANCE SHALL, NOT WITHSTANDING, CONTINUE IN FULL LEGAL FORCE AND EFFECT.
10. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNED THE RELEASE AND WAIVER OF LIABILITY AGREEMENT, and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

_____/_____/_____
Signature Month Day Year

Sworn to and subscribed before me, this the ____ day of _____, ____.

Notary Public
My Commission Expires: _____